

Frontier Access to Healthcare in Rural Montana (FAhRM)
Pilot Program Quarterly Data Report
July 30, 2008

- I. Project Contract and Coordination Information
 - a. Kip Smith, Project Coordinator
John Hubley, Associate Project Coordinator
 - b. Montana Health Research & Education Foundation
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Helena, MT 59604-5119
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kip@mtha.org; [jhubble0031@msn.com](mailto:jhubley0031@msn.com)
 - c. Montana Health Research & Education Foundation (MHREF)
 - d. MHREF coordinates directly with the Montana Healthcare Telecommunications Alliance on development and implementation of this project to improve the statewide telecommunications infrastructure.

- II. Identification of Health Care Facilities in the Network.

The FAhRM project as proposed will improve telecommunications connectivity between six existing and developing Montana regional networks; this has been described as a “network of networks”. All participants are eligible, not-for-profit entities covering multiple RUCAs state-wide. The Montana Healthcare Telecommunications Alliance map (below) provides a visual representation of this state-wide project. Participating networks in the FAhRM project are:

Eastern Montana Telemedicine Network
2800 Tenth Avenue North
Billings, MT 59101
406-657-4057

Partners in Health Telemedicine Network
175 North 27th, Suite 803
Wells Fargo Building
Billings, MT 59101
406-237-3602

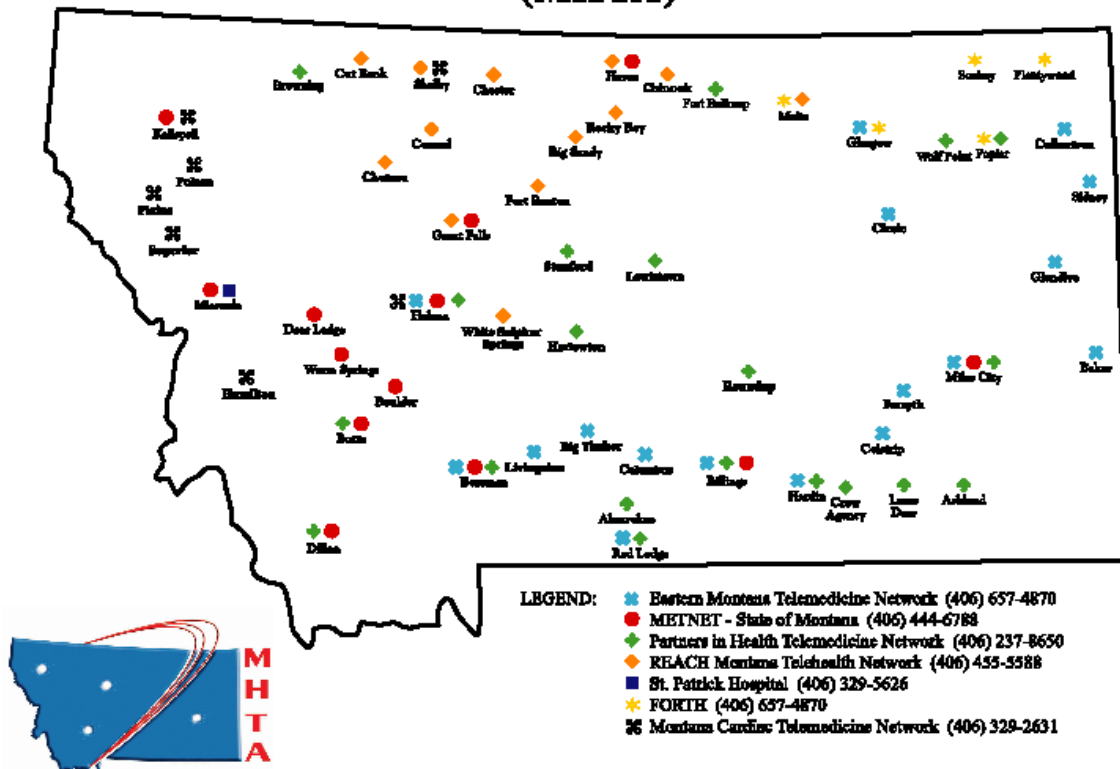
REACH Montana Telehealth Network
1101 26th Street South
Great Falls, MT 59405
406-455-4285

Western Montana Telehealth Network
Community Medical Center
2827 Fort Missoula Road
Missoula, MT 59804

Montana Cardiology Telemedicine Network
St. Patrick Hospital & Health Sciences Center
500 West Broadway
Missoula, MT 59802-4096
406-543-7271

Health Information Exchange of Montana
Northwest Healthcare
310 Sunnyview Lane
Kalispell, MT 59901
406-752-1724

**MONTANA
HEALTHCARE TELECOMMUNICATIONS ALLIANCE
(MHTA)**



III. Network Narrative.

The competitive bidding process for the FAhRM project has not been initiated.

IV. List of Connected Health Care Providers.

No health care providers have been connected to the network as of July 30, 2008.

V. Identity of Non-recurring and Recurring Costs

No non-recurring or recurring costs have been incurred as of July 30, 2008.

VI. Description of Apportioned Costs and Sources of Funds.

No project costs have been incurred as of July 30, 2008.

VII. Technical or Non-technical Requirements for Ineligible Entities

There are no ineligible entities participating in the FAhRM project.

VIII. Update on Project Management Plan

- a. Kip Smith serves as Project Coordinator for the FAhRM project and John Hubley, an independent contractor, began as the Associate Project Coordinator on July 21, 2008. Overall direction for the project is provided by a steering committee made up of the Executive Directors of each of six participating networks in the FAhRM project.
- b. With the addition of Mr. Hubley to the management team in July 2008, a detailed project plan and schedule will be developed in conjunction with the steering committee during the next quarter. This plan will include key project deliverables/tasks and anticipated completion dates. Generally, the project will roll out in two phases – connectivity infrastructure enhancement and expansion design, followed by two to three years of implementation.

IX. Network Sustainability.

Given the “network of networks” approach to our statewide telecommunications infrastructure development, it is not anticipated that the FAhRM project will continue indefinitely. However, each regional network is designed to be self sustaining, although the exact approach is outside the scope of the FAhRM proposal.

X. How has the Network Advanced Telemedicine Benefits?:

The FAhRM project has not yet been implemented.

XI. How has the Network Complied with HHS Health IT Initiatives?:

The FAhRM project has not yet been implemented.

XII. How have Participants Coordinated with the Department of Health and Human Services, on National, Regional and Local Public Health Emergencies?:

The FAhRM project has not yet been implemented.